

County: _____

Date: _____

May 15, 2013 – August 31, 2013 (Initial reporting period)

September 1, 2013 – February 28, 2014

March 1, 2014 – August 31, 2014

Name and Contact information County Child Welfare Department Representative					
Name:	Susan Arlington				
Title:	Social Worker Supervisor II				
County:	Mariposa				
Agency Name:	Human Services				
Address:	P.O. Box 99				
City:	Mariposa	State	CA	Zip Code	95338
Phone:	209-742-0906	E-mail:	sarlington@mariposahsc.org		

Name and Contact information County Mental Health Agency Representative					
Name:	Ann Conrad				
Title:	Social Worker Supervisor II				
County:	Mariposa				
Agency Name:	Human Services				
Address:	P.O. Box 99				
City:	Mariposa	State	CA	Zip Code	95338
Phone:	209-742-0880	E-mail:	aconrad@mariposahsc.org		

Submittal Instructions: Please submit electronically to the Department of Health Care Services at KatieA@dhcs.ca.gov and the California Department of Social Services at KatieA@dss.ca.gov. Reports are due on April 1st and October 1st of each year.

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PART A: Services Provided at Any Point Within the Reporting Period			
Item #	Information Requested	Column 1 10/1/13	Column 2 Timelines
Instruction	For subclass members, provide the total numbers for the following:	Provide the number of children/youth per category	If Column 1 is blank, provide an explanation why the number is unavailable and an estimated date the number will be available
1	In Subclass (unduplicated)	0	
2 (a)	Receiving Intensive Care Coordination (ICC)	0	
2 (b)	Receiving Intensive Home Based Services (IHBS)	0	
3 (a)	Receiving intensive Specialty Mental Health Services (SMHS) through a Wraparound Program consistent with the Core Practice Model (CPM), but not claimed as ICC and IHBS. <i>Do not include youth already counted in 2(a) or 2(b) above.</i>	1 CWS Client	
3 (b)	Receiving intensive SMHS through a Full Service Partnership Program consistent with the CPM, but not claimed as ICC or IHBS. <i>Do not include youth already counted in 2(a), 2(b) or 3(a) above.</i>	3	
4	Receiving other intensive SMHS, but not receiving ICC or IHBS. Examples of intensive SMHS may include: Therapeutic Behavioral Services (TBS), Intensive Treatment Foster Care (ITFC), or Multidimensional Treatment Foster Care (MTFC). <i>Do not include youth already counted in 2(a), 2(b), 3(a) or 3(b) above.</i>	0	
5	Receiving services not reporting in 2a, 2b, 3a, 3b & 4 above	0	
6	Not Receiving SMHS	0	

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PART B: Projected Services

Item #	Information Requested	Projected number of subclass members to be served by 4/1/14	Strategy/Action Steps Description
Instruction	For subclass members, provide the total number for the following:	Provide the number of projected children/youth	Provide County action steps and timelines to be taken to provide (and claim for) ICC and IHBS to children/youth identified in Part A, Items 3a, 3b, 4, 5 and 6, as medically necessary
1 (a)	ICC	0	
1 (b)	IHBS	0	

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Mariposa County May 15, 2013 to August 2013 Readiness Assessment Tool, to complete the following section:

Section # (for specific items, please refer to the County's completed Readiness Assessment Tool)	Areas identified for improvement based on County's self score in Readiness Assessment Tool	Steps being taken to achieve improvement and anticipated completion date	Need for technical assistance
Instructions	Check where the county self scored 1 point (Need) for any item of the Section listed	Provide narrative	Yes/No (If Yes, then include topic of requested assistance)
1. Agency Leadership	X	CW and MH leaders are discussing issues that are affecting access and quality of services.	NO
2. Systems and Interagency Collaboration	X	We are continuing to establish process for reviewing, changing, and implementing policies and procedures that support family centered process.	NO
3. Systems Capacity	X	We have most of the CWS positions filled. MH continues to struggle with staff due to our status as a small rural County.	NO
4. Service Array			
5. Involvement of Children, Youth & Family	X	We are continuing to work on peer support for children, youth and caregivers. Due to our status as a small rural County	NO

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6. Cultural Awareness	<input type="checkbox"/>		
7. Outcomes and Evaluation	<input type="checkbox"/>		
8. Fiscal Funding Resources	X	We are beginning to share across systems the funding resources available for treatment issues.	NO

If necessary, please use additional space to provide the requested information as completely as possible.